

SAINT LUCIA DEVELOPMENT BANK

#4 Bridge Street, P.O Box CP 5900, Castries, Saint Lucia
Telephone# 1-758-456-SLDB (7532) Fax# 1-758-45-DEVFX (33839)

Industrial/Services/Tourism/Business Loan Application Form (Schedule A)

For Official Use	
Application Ref.:	Application Date (mm/dd/yyyy) :

1. CORPORATE DATA

Business Name		Phone (Office)	Fax
Corporate Office Address		Address 2	City
Corporate Postal Address		Address 2	City
Business Registration #	Country of Registration	No. of Employees	N.I.C Account #
			Tax Account #

Corporate Email Address: _____

Business Ownership: Limited Liability Sole Trader Partnership Other (State) _____

2. CORPORATE REPRESENTATIVE/OWNER DATA

First Name	Middle Name	Surname	Position	D.O.B
Email Address		Phone (Mobile)	Phone (Office)	Fax

3. LOAN DETAILS

Nature of Business: _____

Purpose of Loan: _____

Amount of Loan \$ _____ Loan Term _____ Months/years

Contribution towards Project Cost: Type of Contribution _____

Value of Contribution \$ _____

4. FINANCIALS

Total Property Owned (Land/Equipment/Vehicles/Houses etc) \$ _____

Total Financial Assets (Savings/Stocks/Bonds, Mutual Funds etc) \$ _____

Total Debts (Loans/Hire Purchase/Tax Liability/I.O.U.s etc) \$ _____

Annual Revenue \$ _____

Annual Profit after Tax \$ _____

Expected Rate of Return on Business Venture (incl. Loan Amount) _____%

Projected Annual Revenue: _____ Yr1 _____ Yr2 _____ Yr3

Project Annual Expenditure: _____ Yr1 _____ Yr2 _____ Yr3

5. DECLARATIONS

I _____ hereby declare/agree:

1. that the above information is true and correct.
2. that I have not withheld from the Bank any information pertinent to this application.
3. to authorize the Bank to make any enquiries related to the above information and this application.
4. to provide any additional information or documents pertinent to this application.

Signature of Applicant

Date (mm/dd/yyyy)